

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
RADCLIFFE	JOHN	H.	808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
CAPITOL CONSULTANTS OF HAWAII			808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
AMERICAN ACADEMY OF OPHTHALMOLOGY	202-737-6662	
MAILING ADDRESS (Street)	FAX	
1101 VERMONT AVE, NW SUITE 700	202-737-7061	
(City)	(State)	(Zip Code)
WASHINGTON	DC	20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
MELODY BUTAY DACANAY	808-531-4551	
MAILING ADDRESS (Street)	FAX	
222 SOUTH VINEYARD STREET, SUITE 401	808-533-4601	

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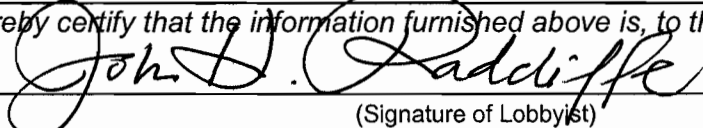
(City)	(State)	(Zip Code)
HONOLULU	HI	96813-2453

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

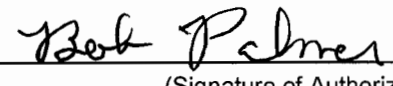
**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

 2/6/06

(Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
BOB PALMER	DIRECTOR, <sup>state</sup> GOVERNMENT AFFAIRS	
NAME OF ORGANIZATION (if applicable)	TELEPHONE 202-737-6662	
AMERICAN ACADEMY OF OPHTHALMOLOGY		
MAILING ADDRESS (Street)	FAX 202-737-7061	
1101 VERMONT AVENUE, NW SUITE 700		
(City)	(State)	(Zip Code)
WASHINGTON	DC	20005
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
		2-06-06
(Signature of Authorizing Officer or Person Represented)		(Date)